

## Request for **FSTEP** Course Scheduling



PO Box 944246 \* Sacramento CA 94244-2460 \* FAX (916) 552-9464 www.fire.ca.gov

By submitting this request, instructors and sponsoring agencies agree to comply with all published State Fire Training procedures of the California State Fire Marshal's Office.

All requests must be received 6 weeks prior to the class start date.

Today's Date:	Advertise In Class Schedule?  Yes No	Name of Course:						
Class Start Date:		Class End Date:						
Class Location (City):		Class Location (County):						
Sponsoring Agency Name:		Training Facility:						
Contact Name:		Contact's Phone Number:			Contact's Email Address:			
Primary Instructor:	Instructor's Phone Number:			Instructor's Email Address:				
Senior Instructor (when required	Sr. Instructor's Phone Number:			Sr. Instructor's Email Address:				
Assistant Instructor:	Assistant's Phone Number:			Assistant's Email Address:				
Estimated Number of Students:	Delivered on Shift Schedule?  ☐ Yes ☐ No	# of Shifts:	# of	of Students per Shift:		# of Student Manuals:		
SHIPPING INF	BILLING INFORMATION:							
Ship To:	Bill To:							
Attn:	Attn:							
Street Address: (No Po Box)	Street Address:							
City/State/Zip Code:	City/State/Zip Code:							
<b>\$FOR STATE FIRE TRAINING USE ONLY</b>								
Date Approved:	Primary Instructor Code:			Class Code:				
Date Shipped:	□ DHL □ Printer □ Pick-Up							
Return Date:	□ MRT #:							
Registration				Unit Price	S	tudents	T	otal Price
☐ Course Registration ☐ Student Manuals/Supplements ☐ Sales Tax (Manuals/Supplements C	10-141200	_)	\$20.00 \$ Tax Rate:		%	\$ \$ \$		
				Shipping/Handling Charges: \$ 8.00				
				Estimated Tota			\$	
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Scheduling Desk (916) 445-8132 Revised 1/08

Scheduling Fax (916) 552-9464

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